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ANNIVERSARY**

**Losses loom under
next category M**

**DH lobbies for
new cash for
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- Dawn of the pharmaski? Polish stores set for London
- Education: what's new in transdermal patches



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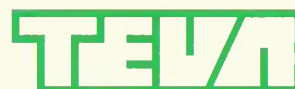
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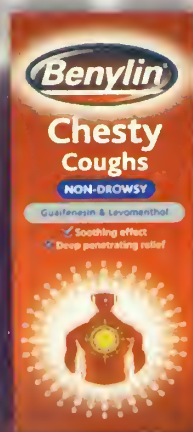
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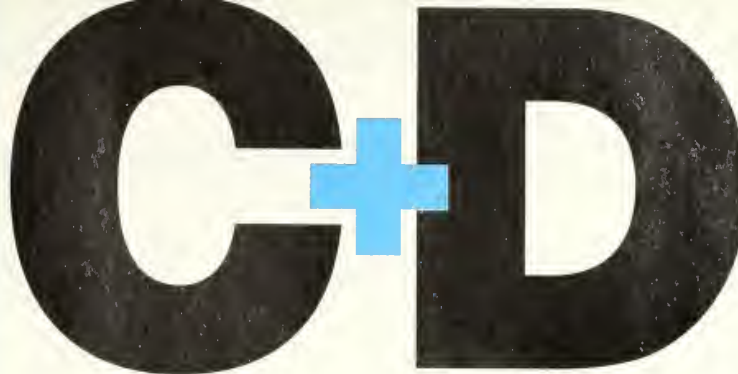
Supporting your expertise in Cough

Benylin Chesty Coughs (Non-Drowsy) Product Information: Presentation: Red syrup containing 100 mg Guaifenesin and 1.1 mg Levomenthol per 5 ml. **Uses:** Symptomatic relief of cough. **Dosage:** Adults and children over 12 years: 10 ml four times daily; children aged 6 – 12 years: 5 ml four times

daily; children under 6 years: not recommended. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Do not use in persistent or chronic cough, e.g. asthma, or cough accompanied by excessive secretions; caution in severe renal or hepatic impairment. **Pregnancy and Lactation:**

Consult doctor before use. **Side effects:** Very rare. **RRP:** 125ml £3.49, 150ml £4.19 and 300ml £6.99. **Legal category:** GSL. **PL Holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL Number:** 15513/0056. **Date of preparation:** August 2007.





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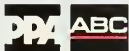
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Contractors face raid on profits under next category M change

Prepare for an increase in clawback this October, industry insiders warn

Jennifer Richardson

Community pharmacy could lose millions of pounds from purchase profits under the latest changes to reimbursement prices for generics.

Pharmacy was braced for the government to announce a huge cut in the category M tariff as C+D went to press this week. A source close to the DH suggested the adjustment could be as much as £500 million. But a DH spokesperson said: "This is not a figure that we recognise."

Sigma Pharmaceuticals' managing director Bharat Shah estimated a more conservative figure of between £100m and £150m. "So you're talking about £10,000 a pharmacy per year, which is like £500 to £1,000 a month, depending on what the pharmacy uses in category M products."

Mr Shah said that might not sound a lot, "but if it happens every quarter it does eat into your profits. Obviously, the people who lose the

most out of this are retailers".

The announcement of the price changes, which will apply to prescriptions dispensed from October 1, is later than usual. "The fact that it's not been published implies there's going to be something drastic [happening] to this tariff," he said.

The timing of the announcement made it difficult for pharmacy owners to plan ahead, he added. "I think it's very unfair that the government leaves it until the last minute."

PSNC said on Tuesday it was still in negotiations with the DH on funding for 2007-08, including funding for regulatory burdens and to establish levels of buying profit. "This work is complex but an announcement is expected shortly," it added.

For full analysis of the price changes, see our category M barometer next month



The reel deal: businesses face a minimum £10,000 loss under changes to drugs reimbursement

PEC fears unfounded

Concerns that pharmacists would not be well represented on reconfigured professional executive committees (PECs) are misguided, a PSNC survey has claimed.

A study found over half of PCTs had pharmacist members, and a fifth are still selecting members.

Before reconfiguration, which attempted to place more emphasis on community based primary healthcare services, over two-thirds of PCTs had appointed pharmacists on PECs. After this process, the number of places available on such committees fell.

But the survey revealed that of 152 PCTs, 79 permanent or interim PECs now had community pharmacist members; 32 were still in the process of selecting members; and just 41 had no pharmacist member.

Barbara Parsons, head of pharmacy practice at PSNC, said: "We are really pleased with the number of community pharmacists on PECs, especially against the backdrop of reduced PCT numbers."

John Finn, a pharmacist and PEC member at Devon PCT, said it was "amazing" that so many pharmacists were involved. **ZS**

Time running out on IT payments

Pharmacists could face losing a £2,600 IT payment if they have not deployed the first phase of the national electronic prescription service (EPS).

PSNC has announced it is in "active discussion" with the Department of Health on setting a cut-off date by which all pharmacists must have deployed release 1 of the EPS service in order to keep their allowance.

It said it was likely that news of the date would be made by the end of this year, and contractors may only be given three months' notice of the deadline.

Meanwhile Tim Donohoe, NHS Connecting for Health group programme director, revealed 61 per cent of pharmacists have the software upgrades required for EPS release 1.

Mr Donohoe told C+D: "The path as we see it is to get the system suppliers to develop their systems over the next couple of months, then go through the initial implementation stage with each supplier, and then be looking for a national rollout proceeding across most of next year."

Ian Taylor, commercial director of RX Systems, said this could be

achievable, as for many systems suppliers the move to upgrade customers from release 1 to release 2 could be done electronically and so would be relatively pain free.

However, for pharmacies lagging behind on EPS, the task will be tougher, he added. It will be an "amazing challenge" to install release 2 of EPS from scratch within three months, Mr Taylor warned. **ZS**

Have you got EPS up and running? Email us: zsmeaton@cnpmedica.com

Call for better allergy advice

Pharmacists are the first port of call for allergy sufferers, but they need more training to give accurate advice, a report has said.

The profession lifted a "significant burden" from GPs in helping patients, the House of Lords Science & Technology Committee reported.

However, it is essential the advice is accurate and given by trained pharmacists, the report said. It recommended all pharmacists should

be given adequate allergy training as part of the implementation of the Pharmacists and Pharmacy Technicians Order 2007.

The RSPGB told the committee undergraduate pharmacists were taught about allergy, and that the Centre for Pharmacy Postgraduate Education in England was developing a postgraduate course on allergy with campaign group AllergyUK. www.tinyurl.com/zfoaa **GA**



Good allergy advice eases strain on GPs

Johnson dangles a carrot

Colin Brown

Health secretary Alan Johnson has submitted a bid for extra funding to support pharmacists taking on more healthcare services under a comprehensive spending review (CSR) to be unveiled by the government this autumn.

Sources close to the health secretary were unable to give a figure but told C+D that extra funding was on its way as Whitehall looks to enhance the profession's primary care role. "We've got the CSR coming up," said one Whitehall insider. "That is what we are looking at."

The comments came as pharmacy minister Dawn Primarolo confirmed at the Labour Party conference in Bournemouth this week plans for the profession to play a bigger role in sexual healthcare. Ms Primarolo said: "We need to look at the whole family of primary care to see where access can be improved."

"We are not using all of the professional skills that are available. I am thinking particularly of the role of community pharmacies in being able to give that advice and support."

The government will challenge pharmacists to check for sexual diseases such as chlamydia and providing more contraceptive advice, it is understood.

Further clinical duties are likely to follow with Gordon Brown promising to expand medical services at pharmacies in his keynote speech.

Concrete details will follow in this autumn's pharmacy white paper, health minister Ben Bradshaw told C+D: "They are already playing an increasing role. The pharmacy white paper will extend the range of activity and provision pharmacies can offer."

Howard Stoate, MP and chair of the all-party pharmacy group, warned the government to honour its proposals with extra cash.

"It will take more money and I would expect them to provide it," he said. "You cannot expect pharmacies to do something for nothing."



Alan Johnson: chasing extra cash to support pharmacy's expanding primary care role

News in brief

Italian Neupro issued

The batches of Neupro (rotigotine) listed below are Italian stock over-labelled with English text.

Manufacturer Schwarz Pharma said this was due to unprecedented demand and that UK stock would be reintroduced as soon as possible: Neupro 2mg/24-hour transdermal patch (28 pack) batches: 47893206, 47893207, 47893208; Neupro 4mg/24-hour transdermal patch (28 pack) batches: 47893412, 47893413, 47893414; and Neupro 8mg/24-hour transdermal patch (28 pack) batches: 47893805, 47893806, 47893807.

Phone 01923 684100 or email medinfo@schwarzpharma.co.uk for more information.

Don't give up the day job

A registered pharmacist from Leamington Spa has appeared on ITV's X Factor. Raj Singh Dhamu said he had spent £50,000 trying to become a star, but Simon Cowell said: "Raj, go back to the pharmacy and save your money."

Pharmacists investigated

The RPSGB has confirmed that pharmacists involved in a case centred on a counterfeit drug ring are under investigation. Last week four members of the counterfeit operation were convicted at Kingston Crown Court (C+D, September 25, p5), following an MHRA investigation.



Carry on dispensing

Pharmacy must embrace new services but dispensing will remain a central role. The Co-operative Group's healthcare managing director said as it announced half-yearly pharmacy sales increases of over 26 per cent to nearly £220 million.

PBC week under way

PBC Week got underway this week, with pharmacists across the country taking part to boost awareness and learn more about commissioning. C+D editor Gary Paragpuri said community pharmacists must be involved in PBC to ensure its success. www.dotpharmacy.com/PBC

Fake Viagra claims

The MHRA is looking into claims published in The Times newspaper that counterfeit Viagra, three times the strength of the normal drug, could have been provided to British pharmacies.

Polish group eyes up London sites

Zoe Smeaton

A Polish pharmaceutical group is set to open pharmacies targeted at expats living in London by the end of this year. The pharmacies will be located in areas with large Polish communities and provide care from Polish-speaking pharmacists.

The Polska Grupa Farmaceutyczna (PGF) plans to open the stores under the Apteki brand. The group said the recruitment process for the pharmacies would take place in Poland. Although it said it was not ruling out the possibility of hiring "Brits" to manage pharmacies, to comply with the requirement for

pharmacy managers to have worked in a British pharmacy for at least three years, it added "ultimately managers would be Polish".

Pharmacy representatives refused to comment on whether this breached competition rules.

A spokesperson confirmed that the group was looking to open "a couple of pharmacies" in London this year. He said it would look both at buying existing stores and opening new ones.

Graham Stretch, a pharmacist in Ealing, which has traditionally had a large Polish community, said he would have some concerns about competition. But he added: "It's a free market... I could go and learn Polish if I wanted to."

However, he warned that if Polish pharmacists were to work in the UK their English would need to be good enough to serve British customers as well as the Polish communities.



Dawn of the pharmaski? Apteka stores will target Polish expats living in south east England

Dilemma
TALK

Would you join
an RPSGB-led
royal college?



I think I would have to see what benefits there are to it. Until they iron out exactly what it is they would represent I can't say. For me I'll have to wait until I see it in black and white.

Lorraine Moore, Rowlands Pharmacist, Millfield, Sunderland



I would join simply because I'm an old timer and it's been my bread and butter. I would have to say that I'd go with it because I trust the Society's judgement.

Raymond Hall, Raymond C Hall Pharmacy, Hull



I would be interested in joining any body that would help me, both for myself and my practice and generally for the profession in the public eye. I assume that's what the purpose of the royal college will be.

Dilip Patel, Mirage Pharmacy, Birmingham

Society targets total support for royal college

» RPSGB president determined to retain every single member

Jennifer Richardson

The Royal Pharmaceutical Society has set a target of retaining every single pharmacist member under its plans to form a voluntary professional leadership body. Lambeth has also set its sights on re-recruiting members who have recently resigned from the register, an aim its president admits is "ambitious".

An RPSGB source told C+D that to remain viable after giving up its regulatory role, the Society needed 25 per cent of members to join, according to its projections.

However, Society president Hemant Patel said: "My aim is not

only to have all the current members in the new organisation but those who have walked away in anger coming back.

"We want 100 per cent coming back. Now that's an ambitious target but that must be our aim."

RPSGB treasurer Andrew Gush said it was too early to speculate on the critical numbers required to ensure the success of a Lambeth-led professional body, or to comment on financial planning for its establishment.

But he backed Mr Patel's 100 per cent membership retention target. "We therefore understand the new professional body must have a relevant and attractive purpose, be fit for purpose, and be financially

sound for it to be regarded as the must-join organisation in pharmacy," he said.

Mr Patel urged all Society members to contribute to the independent inquiry – www.theclarkeinquiry.com – into what pharmacists want from the professional body. The deadline has been extended from December 31 to January 31.

More than 10,000 RPSGB members signed a protest against the Society's plans to increase retention fees by 50 per cent earlier this year.

Will you join an RPSGB-led royal college?
jrichardson@cmpmedica.com

Pharmacist: the movie

A UK film company has begun work on a film called *The Pharmacist*.

The plot focuses on a female pharmacist running an independent pharmacy who finds an injured man stealing drugs and decides to help him.

Thomas Dalton, who co-founded Texture Films which is producing the film, said the plot would not show pharmacists in a negative light.

The company, which has two pharmacists consulting on the script, is currently looking for a suitable pharmacy location for the film, which is due to start filming in January. **ZS**

Which A list film star should play the lead?
zsmeaton@cmpmedica.com



A visitor takes a tour of the Royal Pharmaceutical Society's museum during an open day at the Society's headquarters in Lambeth, attended by more than 150 members. Treasurer Andrew Gush's presentation on the proposed 50 per cent retention fee increases provoked "lively" questions from the floor. The open day could become an annual event, the RPSGB said. Although the Society failed to get financial support for this year's event, chief executive Jeremy Holmes said companies were interested in providing sponsorship in 2008.

Rowlands sets up shop online

Rowlands Pharmacy has become the latest multiple chain to take its dispensing business online.

Home delivery repeat prescriptions and OTC medicines can be ordered via www.rowlandspharmacy.co.uk.

The move comes just weeks after Asda announced it had teamed up with Pharmacy 2U to launch an internet pharmacy.

Rowlands managing director Kenny Black told C+D: "I think OTC medicines will be the best sellers, in particular lines like acne treatments

where teenagers are likely to prefer ordering at home rather than face the embarrassment of going into a pharmacy."

The internet pharmacy will operate from an existing Rowlands branch in Formby, Yorkshire. The site was not opened under control of entry rules, Mr Black confirmed.

Rowlands also unveiled its own in-store TV channel this week. A pilot of the scheme resulted in a 23 per cent increase in GSL product sales, Rowlands said. **MG**



Business should take off when EPS rolls out

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News in brief

LPS guidance

Discussions between PSNC and the DH on promoting low volume local pharmaceutical services are nearly complete. Guidance is being prepared by the DH for publication later this month. www.psn.org.uk

Respect Your Skin

The British Skin Foundation has launched the year-long Respect Your Skin campaign following research that revealed 84 per cent of dermatology professionals think people in the UK do not recognise the importance of their skin. It will start in January 2008. www.britishtskinfoundation.org.uk

NHS Choices website

PSNC has said pharmacists should be able to update business information on the NHS Choices website (www.nhs.co.uk). At present they have to go through their PCT to amend opening hours and service information, but PSNC has received complaints that information is not being updated promptly.

Diabetes weight loss study

Two studies presented at a diabetes conference this week suggest that patients using insulin detemir (Levemir, Novo Nordisk) for two years continue to gain less weight than those on the standard neutral protamine hagedorn (NPH) insulin. In one study, patients switching from NPH to detemir lost weight after 26 weeks. www.tinyurl.com/2vmaww

Study backs statins

Giving statin treatment to all men over 40 and all women over 45 with type 2 diabetes would be effective and efficient in preventing cardiovascular disease, a modelling study has concluded. *Diabetes Care* 2007; 30: 2025-9

Herceptin cancer boost

Female cancer sufferers who received Herceptin during their illness survived longer than those who discontinued the treatment, a study has shown. www.roche.uk.com

Reprimanded for halving dose

Locum adjusted dose without approval of GP

A locum pharmacist who repeatedly dispensed half the prescribed strength of a medicine to a 90-year-old woman has been reprimanded.

Lawrence Simpson Mason, of Morven, Balloch, Alexandria, Dunbartonshire, dispensed 15mg instead of the 30mg prescribed, a Royal Pharmaceutical Society Statutory Committee was told.

Mr Mason, a long-term locum at Greenhead Pharmacy at Dunbarton, dispensed half strength lansoprazole capsules to the woman on four occasions over a five-month period, the hearing was told.

When the incident was detected by a local GP, the pharmacist reported to NHS authorities that he had given 30mg capsules. However, "the information did not accurately reflect the patient's record", the RPSGB meeting heard.

Although Mr Mason admitted he had halved her dose "without the approval of the prescriber", he denied this was against the patient's best wishes and denied his submission of inaccurate information was deceptive.

Judge Mota Singh QC, chair of the Statutory Committee, said: "We are quite satisfied there was no intention to deceive."

However, the panel found him guilty of acting in a way which was not in the best interests of the patient and said his actions amounted to misconduct.

The pharmacist had initially dispensed 30mg to the 90-year-old patient, but he halved the dose when she returned to the pharmacy saying it had "made her feel sick".

He claimed the doctor had been telephoned and agreed, but the Society said there was no record of the conversation. **UKL**



Manichem employees take part in a teambuilding exercise during the pharmacy group's annual conference at Wokefield Park Hotel, Reading, last weekend. The conference also included a seminar on selling services, with Graham Fletcher, development officer of Essex LPC, which emphasised building a rapport with customers and other local healthcare professionals. Manichem's directors reassured staff about the group's future after 30 of its branches across Berkshire, Dorset and Oxfordshire were sold to Lloydspharmacy earlier this year. The group is still looking to acquire more pharmacies, chiefs said

Conditions attached to registration

A struck off pharmacist who operated a "hit and miss" accounting system that resulted in him having to repay more than £5,000 has been restored to the pharmacists' register, but with conditions attached to his registration.

Judge Mota Singh QC, chair of the Royal Pharmaceutical Society's disciplinary committee, restored Ramesh Mavji Patel, owner of Judds (Chemists) Ltd, Kingsbury, London to the register.

But he has stipulated Mr Patel must work under the supervision of a pharmacist for 12 months. He has also ordered a review hearing in six months.

Mr Patel, of Kenton, Harrow, ran a system that involved dispensing items but he did not "endorse" the prescription immediately.

He admitted operating a "hit and miss" system and failed to remember "with total accuracy" what had been dispensed. **UKL**

DIY drug alert

The RPSGB has warned against the supply of controlled drug ingredients which patients mix themselves.

The reminder was issued after the Society found a pharmacist supplying a customer with raw ingredients, including a controlled drug, for the patient to prepare a final medicinal product for self-administration.

Although the items were supplied against a lawful prescription, the incident breaks the Misuse of Drugs Act 1971 and the amended Misuse of Drugs Regulations 2001, the Home Office confirmed.

The RPSGB said pharmacists who chose to combine CDs must act in accordance with the Code of Ethics and Section 4 of the Professional Standards and Guidance for the Sale and Supply of Medicines document.

Alternatively, the products could be prepared by a licensed specials manufacturer, it advised.

The RPSGB's guidance can be seen at www.dotpharmacy.com/compound.html **JR**

C+D at the Pharmacy Show 2007

Hall 17, Birmingham NEC, 14-15 October 2007

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*IRI Market Value Sales; MAT to February 2007

The fastest acting allergy capsule.



Benadryl Allergy Relief (GSL) Product Information: **Presentation:** Acrivastine 8 mg. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12-65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £3.70 **Legal category:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005.

Pharmacy Champions

Pharmacy
Champions

Avinash Patel, of Tesco Pharmacy in Potters Bar, has set up monthly medicine review days



I set up medicine review days with the help of my team. We already offered medicines use reviews as a pharmacy service but in order to raise awareness of the service and to help as many patients as possible within the community, we set up specific medicine review days. By doing this we are able to offer the customer a better experience and manage staff time effectively.

Once a month we have a dedicated medicine review day. On these days we have two pharmacists in-store, which means we can offer MUR appointments all day long to customers as well as having a pharmacist available for managing the pharmacy and dispensing.

We decided to have dedicated days for MURs in order to build on the walk-in availability of the service. Holding a monthly medicine review day gives us a good reason to contact our customers to inform them of the availability of the service. In addition, we can maximise the pharmacists' time.

No additional training was required as the days and appointments are run by our trained pharmacists. The days are very simple to run. They fit in with the existing service and move it on a step forward. The key to it has been the planning. We feel that we might benefit from an

MUR ahead of the designated day. Then we follow up with phone calls and issue appointment cards.

The initiative has been a **real success** and we have helped hundreds of customers to understand their medicines better through the service. We also check their blood pressure and weight and give them advice on lifestyle changes that are appropriate.

It has been a **really positive experience**. We've had some fantastic feedback from customers. They find the service really useful – I think they are often pleasantly surprised about the amount of information pharmacists can provide.

We've certainly seen an increase in customer loyalty since we set up the service and it works well to **raise the profile of the role of the pharmacists** within the local community.

Under the white coat

- I thoroughly enjoy my job. Helping customers in the local community with their healthcare needs is enormously rewarding.
- The best part of my day is definitely the **interaction with customers** and being able to provide useful advice. My role is really varied which I love. I enjoy training my team and supporting other pharmacists and pharmacy managers within the company.
- My job is really busy and **can be exhausting**, but that's not necessarily a bad thing!
- I'd really like the Department of Health to permit **original pack dispensing** because this would relieve time pressures on pharmacists – a lot of time can be spent cutting foil packs to issue the exact quantity prescribed by the doctor. It would also ensure that patients always got a patient information leaflet.

Out of hours

- When I was younger, I wanted to be a doctor – I've always been interested in healthcare.
- I have **lots of hobbies** including gardening, camping, watching movies, reading, going to good restaurants and driving my 31ft motor home!

My advice to other pharmacists thinking of setting up a similar service would be: **go for it!** It's really worth it. You could set it up within a month. Once set up it's an ongoing process that follows a set procedure. Planning in advance is essential, as is following up with customers.

It's really important to:

- encourage your pharmacy team to tell customers about the free service – it's a great way to raise awareness,
- remind your customers they have appointments booked, either by letter or phone, and
- keep to the appointment slots – this is vital to manage the day effectively.

The concept of the medicine review day is now being used as a **good practice case study** and being rolled out across Tesco Pharmacies nationwide. This has led to the creation of Tesco's annual medicine review day which all Tesco Pharmacies participate in. At Tesco Pharmacy in Potters Bar, we are looking at holding the medicine review days more frequently.

I'm lucky to work with a fantastic team who give me a huge amount of support. In recognition of the success of the medicine review days we were awarded the **Every Little Helps award** at this year's Tesco Healthcare awards which was a great honour.

Nominate your Pharmacy Champion:
Telephone 01732 377088
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†Based on the Minnesota Nicotine Withdrawal Scale (MFWTS) C = 0

CHAMPIX® Film-Coated Tablets (varenicline tartrate)
ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** Mild to moderate renal impairment: No dosage adjustment is necessary. Patients with moderate renal impairment who experience intolerable adverse events: Dosing may be reduced to 1 mg once daily. Severe renal impairment: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. Patients with end stage renal disease: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of

some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no

experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. 2. Jorenby DE *et al.* JAMA 2006; 296:56-63. 3. Tonstad S *et al.* JAMA 2006; 296:64-71. 4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006



New oral prescription medicine

CHAMPIX ▼
varenicline tartrate

Comment from the editor

The threat of a substantial cut in contractors'

purchase profits was looming large as C+D went to press.

Industry sources were suggesting this could run into hundreds of millions of pounds – possibly as high as £500m according to one – although this has been denied by the Department of Health.

But if anything's certain; the impact on contractors' cashflow will be immediate, unwelcome and, if it's as high as has been suggested, then for some it will be catastrophic. And the effect will ripple across the UK as the home nations cannot be seen to be paying more for generic medicines than their neighbours.

So, did you see this coming, and what will the fall out be? Warnings about tighter dispensing margins are not new and the latest came just last month at the UniChem conference from PSNC chief executive Sue Sharpe (C+D, September 8, p5), who argued dispensing would not provide a profitable business in the long term.

In the current format, she's probably right. But if margins on dispensing continue to be eroded, will we see new pharmacy models emerging? Town centre pharmacies with high footfall that promote themselves as public health service providers. Or pharmacies co-located with GP surgeries that target their high number of repeat customers with disease-specific services. And then there are out-of-town or internet-based pharmacies that operate as dispensing factories. The first two models will focus on pharmaceutical care services and may even subcontract dispensing to the prescription factories or even to wholesalers. But the latter model will have to be ruthless in cutting costs and will need to dispense huge volumes of prescriptions due to wafer-thin margins.

With developments in remote supervision, automation, and e-prescriptions added to the melting pot, community pharmacy faces a leaner, meaner future without a concomitant increase in funding for national pharmacy services.

“The impact on contractors' cashflow will be immediate, unwelcome and, for some, catastrophic”

Your views

Like the curate's egg...

... good in parts, says C+D columnist John D'Arcy of England's pharmacy contract

Everyone agrees with the need

to make better use of pharmacists, but the view that they are an 'under-utilised resource' could be interpreted as 'we are not busy'. Nothing could be further from the truth.

For starters, prescription volume has increased 55 per cent in the past 10 years. And while dispensing is – and will continue to be – a fundamental part of what pharmacists do, pharmacy has coped well with the increase in volume in providing a safe, efficient and cost-effective service. The major challenge then is how do we incorporate our new roles into what is already a full-time job?

Sure, pharmacy must rise to the challenge. But so far, it does appear to be struggling. We need to engage proactively in the changing healthcare agenda and make the most of the opportunities inherent in the contract. We need to form better links with PCTs and GPs and make our views known in the debate around making the best use of the skills of pharmacists and their teams. In short, we must not miss the opportunity to

make our mark as frontline clinicians.

Having said that, we cannot go it alone. And if the Department of Health wants to make greater use of pharmacists and see greater integration of pharmacy into the NHS, it needs to put its money where its mouth is and create a better framework and the right incentives. For example, the difficulties with hitting MUR targets are not helped by the lack of awareness among patients and GPs about where MURs fit in and why they are important. Where MURs are done, they are seen by many GPs as a nuisance. The pharmacy contract was supposed to dovetail with the GP contract but in reality there is little reason for GPs and pharmacists to engage at all. Hardly surprising then that pharmacy is consistently an after thought when it comes to practice-based commissioning; what a sad indictment of integrated patient care.

The one real area where pharmacy can make a noticeable difference to improving patients' health is enhanced services. There are numerous examples of pharmacists

improving the health and wellbeing of local communities through the management of long-term conditions, drug misuse, diabetes screening, sexual health and minor ailments etc. But the introduction of these services is frustrated by their classification as enhanced services. As such, they are a discretionary 'add on' commissioned where the PCT happens to have a spare bit of cash rather than mainstream services introduced as a matter of course.

The time has come to move the contract on and reassess classification of services. We owe it to patients to have these services classified as advanced under the contract, with nationally agreed funding.

A white paper on pharmacy is imminent and I hope it will set out where we go from here on making better use of pharmacy. More importantly, I hope it recognises the need to create a framework that truly dovetails with the work streams and priorities of local commissioners.

John D'Arcy, commercial director, Rowlands



Xrayser

Xrayser

CD

How to confuse the already confused

Call me cold and heartless but if someone doesn't understand the meaning of 50 per cent or the words 'rare' and 'common' they won't understand much of anything you tell them (C+D, September 22, p10).

In those cases all you can really do is tell them to keep taking the tablets and hope for the best. Joe Public's lack of understanding is always frustrating, but most people understand that their medicine has been prescribed because it is good for them, and usually because they have asked for it. I believe that most of these people do not want to know about the intricacies of their drug's pharmacodynamics or side effects.

Trying to get too many points across during a consultation simply confuses and frightens people, and usually means that they lose sight of the most important message. The only visual aid I could imagine is a 'traffic light' or 'smiley face' scenario, which over-simplifies a serious message. I can imagine the medico-legal experts having fun establishing case law around coloured symbols instead of complicated sentences. There is no substitute for face to face advice and I usually try and tailor my advice to the individual it's aimed at. For some individuals it's more effective to tell them simply to take one at night than give them a leaflet packed fully of traffic lights and smiley faces. If someone asks me an involved question about their medication I usually expect them to understand a reasonably

CD



Xrayser

CD

detailed explanation, but not many do. Most usually want a simple yes or no, or gentle reassurance. I'm not suggesting that we revert to the bad old days of medicines labelled 'The Tablets' and advice limited to "take these or die", but I think the danger of dumbing down too much is that patients will not take their health messages seriously enough.

Anyone that takes notice of the traffic light food labelling system will usually read the full ingredients anyway. And everyone else simply ignores it. The same applies to those who open their PIL. Professor Raynor has obviously done the research, but I'm concerned that these changes could make life more difficult for the humble community pharmacist and his confused patients.

Don't let GPs leave their surgery

Waiting lists and inconvenient appointment times are the everyday rationing systems of the NHS. Allow people to visit their GP whenever they want and they'll be at the surgery every couple of weeks. My theory is that if you're ill enough to need a GP appointment you will do whatever is necessary to get there. Even if it means leaving work half an hour early.

Everyone else can manage without, or visit their pharmacist. If GPs don't want to work long hours why would they change their mind simply because they can spend that time in a pharmacy? (C+D, September 22, p4). I'd love to have a GP working in my pharmacy, but I wouldn't expect him to work full-time, or stay until closing time.

That's not improving access – it's making the system more convoluted. And this is what these proposals threaten to do. There won't be any more GPs, but they will be spread very thinly working across a variety of places where most people wouldn't expect to find them. The elderly and those with chronic conditions will struggle to get an appointment at their local surgery during working hours.

Your letters



Lighten up, Xrayser



I have read Xrayser for many years now and agree with many of his/her thoughts – although I always have some scepticism about articles written using a nom de plume!

However, I have to take issue with the recent column (C+D, September 15, p15).

The position over pseudoephedrine is clear: there is a problem and as guardians of the nation's medicines we have a duty

Perhaps Xrayser would like to attend next year as my guest?

to ensure that any risk of illegal use is minimised and to suggest that our integrity is challenged is frankly nonsense.

Pharmacists must step up to the plate and demonstrate that they can effectively control these sales – if we do not, then we do not deserve the hard-earned respect that our profession enjoys with the general public that it serves.

Xrayser also states that it sounds like "all doom and gloom" at the recent UniChem convention.

I must have been at a different event because every pharmacist that I have spoken to acknowledged the challenges that we face but came away full of enthusiasm for opportunities identified by fellow pharmacists, pharma companies and UniChem throughout the week and so clearly outlined in the excellent C+D coverage.

Perhaps Xrayser would like to attend next year as my guest – he (or she) could wear a disguise!

Mike Smith, UniChem convention chairman



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C+D Clinical

Delivering drugs through the skin

Current and future possibilities of transdermal delivery

Key points

- Transdermal drug delivery avoids first-pass metabolism, allows for sustained therapeutic effect with reduced dosage frequency and improves patient compliance.
- Transdermal patches typically comprise an occlusive backing, a drug reservoir, a rate-controlling membrane, adhesive and a protective liner.
- While the range of drugs available by transdermal delivery is increasing, the formidable barrier properties of skin will continue to limit this route unless new methods are developed to disrupt or bypass the skin barrier layer.
- Pharmacist advice on the use of transdermal patches will be specific to individual products and the patient should always refer to the enclosed literature.
- More general advice can be provided relating to application site, techniques for skin preparation and application of the patch, duration of use, removal and disposal of the patch, and anticipated adverse effects.

Keith Brain, Sion Coulman and James Birchall

In recent years the transdermal route has been heavily promoted as an alternative drug delivery route with a number of benefits. One of the most important is avoidance of first-pass metabolism, which can simultaneously increase bioavailability and reduce side effects.

Other important benefits are more consistent delivery of the drug over a prolonged period, which requires reduced dosage frequency, generally improving patient acceptability and compliance. Unlike injections, transdermal therapy can be carried out conveniently and painlessly without professional intervention and, if necessary, dosage can be limited by removing the patch. All these factors can result in a route that not only has therapeutic benefits but may also reduce treatment costs.

Examples of drugs that are routinely administered transdermally include buprenorphine, clonidine, estradiol,

Reflect

Why should HRT patches be applied below the waist? Can you name five main components of a transdermal patch? What are microneedle arrays?

Plan

This article describes the structure and uses of transdermal patches and outlines some possible future methods of delivering drugs through the skin.



This article can help in the following CPD competencies: G1a, G1b, G1m. See www.tinyurl.com/194zu



Patches can increase bioavailability and reduce side effects

ethanol, fentanyl, hyoscine, nicotine, testosterone and testosterone acetate, oxycodone and testosterone. It has been projected that the global transdermal market will exceed US\$20 billion before 2010.

The skin is an effective barrier to exogenous molecules, which has generally limited the drugs that can be delivered passively at therapeutic levels by this route to relatively potent small molecules. For therapy to be consistent and prolonged, it is essential that the rate of systemic uptake is controlled by some rate-limiting device (such as a semi-permeable membrane) rather than by the intrinsic permeability of the skin of a particular user.

Components of a TDDS

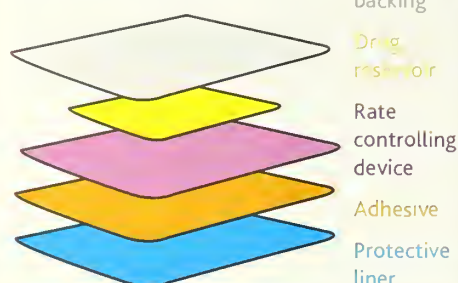
A typical transdermal drug delivery system (TDDS) has five components (which may be

combined together).

- occlusive backing
- drug reservoir
- rate-controlling device
- adhesive
- protective liner.

It is important that the outer backing is impermeable, as occlusion of the skin

Standard components in a liquid reservoir TDDS



significantly enhances skin penetration.

In the earliest TDDS, the drug solution was contained in a liquid reservoir separated from the skin by a rate-controlling membrane. Later devices incorporated other excipients, such as polymers, to control the rate of drug release, together with agents known to decrease the barrier function of the skin.

A range of polymeric materials and blends has been employed in the form of discrete membranes to provide rate control. The pressure-sensitive adhesive layer must offer prolonged intimate skin contact without inhibiting drug release or causing skin irritation. The removable liner must protect the adhesive and prevent loss from the reservoir during storage. The first-generation devices had limited patient acceptability, as they were relatively bulky.

Combining of multiple functions within fewer individual layers has led to the

Top tips when counselling patients using transdermal systems

Advice to patients on the use of transdermal patches will be specific to the therapeutic application and you should always refer to individual product literature. However, there are a number of general counselling points that a pharmacist should consider when supplying a traditional patch.

1. Site of application

A transdermal patch needs to be applied to a clean, dry, unbroken and preferably hairless area of skin. Examples of common areas of application include the upper arm, a flat area of the torso or the buttocks. However, the location is often specific to the product, eg estrogen-containing patches should be applied below the waistline to avoid proximity to the breast, and hyoscine patches are applied behind the ear. The recommended site may be that used in clinical trials.

Patients should clean the area with water. Soaps, oils and alcohol-based cleansing agents may irritate the skin and/or alter permeation characteristics and should be avoided. The area should be dried thoroughly to ensure adequate adhesion. Any hair should preferably be clipped with scissors (to enhance adhesion) but the area should not be shaved, waxed or treated with a depilatory product. Patients should not apply the patch to skin that is burned, cut, irritated or at risk of mechanical removal by clothing or movement.

2. Applying the patch

The protective packaging should not be removed until just before application. A small section of the release liner (the film that covers the 'sticky' side of the patch) should then be peeled back to expose a section of the adhesive, which should be pressed firmly on the skin. The remainder of the liner should be removed slowly to ensure that the total adhesive area makes contact with the skin surface, taking care not to form wrinkles. The patient should not need to touch the 'sticky' side of the patch. Once in place the patch should be pressed firmly on to the skin to ensure complete adhesion. If the patch does not stick effectively, surgical tape may be used to keep the patch in contact with the skin. A patch should never be cut before use.

3. Duration of application

The duration of application is dictated by the specific drug, eg hyoscine patches may be removed at the end of a journey so may

only be in place for a few hours, whereas HRT and contraceptives may be in place for seven days without removal. It is important to be explicit when instructing the patient. Patients using 'daily' nicotine patches should be told whether this means 16 or 24 hours. Patients should avoid exposing the site to excess heat when wearing the patch, as this may increase uptake of the drug, and contact with water should be limited.

4. Removal and disposal

Simply remove the patch from the skin at the end of the treatment period. The patch should be folded in half (adhesive side inwards) and disposed of in household waste. Unused patches should be returned to a pharmacy for disposal.

5. Applying the next patch

To reduce skin irritation, subsequent patches should not be applied to the same site and, ideally, the same application site should not be used twice within seven days.

6. Adverse effects

Local skin irritation, ie redness and itching, is the most common reported side effect of transdermal patches but this normally resolves in one or two days. If symptoms persist, patients should consult their doctor. Other adverse effects will relate to the specific drug so you should consult the product literature first.

7. Other advice

It is important to direct patients to the product information leaflet because, as mentioned, all transdermal patches have instructions that are specific to the particular therapeutic application. Some of this advice relates to the concurrent application of more than one patch (acceptable practice for fentanyl patches, for example), what to do if a patch dislodges and instructions on patch-free intervals (important for some contraceptives).



FOOTCARE

Proper footcare should be as much a part of your daily routine as brushing your teeth. However many people take their feet for granted and afford them minimal care. Bearing in mind you take on average 8,000 to 10,000 steps a day and can excrete up to half a pint of moisture daily through your feet, footcare should be more than an afterthought.

CSS Guide to FOOTCARE

Some common foot problems

Arthritis: osteoarthritis at the base of the big toe is a common problem, making the joint stiff and difficult to flex.

Athlete's foot: manifests as weeping itchy skin between the toes. Once treated good foot hygiene will help prevent re-infection.

Bunions: an enlargement of the metatarsophalangeal joint at the base of the big toe – otherwise known as hallux valgus. The deformity is often genetic, and can also be caused by ill fitting footwear worn over a period of time.

Corns and calluses: the body's way of warning that an area of skin is being put under excessive pressure, so it thickens to protect the affected area..

Metatarsalgia: often called 'ball of the foot' pain, the cause can vary from arthritis to narrow footwear pushing together the toes

Sweaty feet: a problem that can affect anyone. The unpleasant odour is caused by bacterial breakdown of the excessive secretions from sweat glands. It can lead to the feet becoming red and puffy, with skin in the damper areas becoming macerated and more vulnerable to fungal infections.

Don't forget that some patients groups, for example diabetics, need to pay careful attention to foot hygiene as minor injuries can go unnoticed. This is due to sensory loss and poor circulation which can leave feet prone to infection and delay healing. Regular examination is recommended, along with a simple footcare routine.

Common Foot Skin Conditions

Healthy feet can quickly become problem feet, with a huge impact on posture, mobility and wellbeing. Simple footcare routines can go a long way to help prevent common foot skin conditions developing into more serious complaints

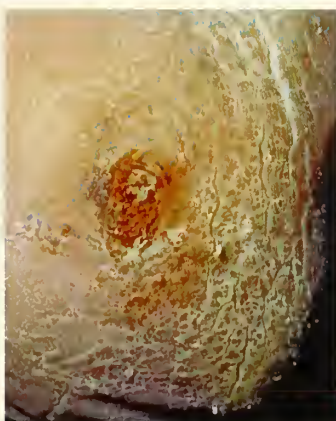
Cracked Heels

Cracked heels are a fairly common foot condition, experienced more usually in the summer. While not always a serious problem they can be unsightly, painful and lead to more serious problems if not treated early on.



Our heels are the first part of our foot to make contact with the ground when we walk, because of this they can build up resilience and this may result in a build up of hard and/or thick skin. Thick skin does not absorb moisture easily and is therefore more prone to dryness and if left untreated the skin may crack. In summer the problem can be exacerbated by warm weather and the wearing of shoes or footwear which leave feet more exposed.

Hard, Thick Skin & Calluses



Hardening and thickening of the skin of the foot is fairly common. While not always painful it can be unsightly and can lead to other problems if not treated effectively early on.

Skin on our feet can be up to four times thicker than on other

parts of the body, added to this our feet take the strain of us walking and standing everyday. In response to this stress and impact with the ground skin thickens to protect itself. Poorly fitting shoes or your way of walking may exacerbate the

condition and if you have painful or re-occurring calluses it may be advisable to visit a podiatrist for professional advice.

This thickened skin provides a barrier which makes it harder to absorb moisture. This means that the skin can become dry and rough. This type of skin build up is a natural response to the strain we put on our feet but can be removed safely and even prevented with a good footcare regime and regular use of a specific foot moisturiser.

Taking Good Care of Feet

A simple footcare routine is easy to achieve for most people and can help prevent problems such as cracked heels and calluses developing. Giving feet regular care and attention also helps people identify anything out of the ordinary which may need treatment. This is especially important for older people and diabetics who should be encouraged to look after feet and check them regularly.

1.Keep Feet Clean – Take the time to wash feet carefully every day if possible. Wash all over and take particular care between the toes. Removing dirt, sweat and bacteria will help prevent the development of infections.

2.Dry Feet Thoroughly After Washing – It's important to dry feet carefully, especially between the toes as bacteria and fungi love warm, moist conditions.

3.Moisturise – Skin on the feet needs to be kept hydrated as it can dry out quickly. Try to make moisturising feet part of a daily routine as this regular attention will help prevent thick, hard skin and cracked heels.

4.Care of Toenails – Keep toenails in good shape by cutting them regularly, clipping straight across the nail, ideally with a specialist toenail clipper and not down the sides of the nails as this can lead to soreness and a risk of infection.

5.Keeping Feet Fresh – Alongside washing feet daily changing socks or hosiery will help keep feet fresh. Also alternate footwear worn each day as this break will allow shoes to dry out properly between uses.

CSS Guide to FOOTCARE



The skin on our feet can be thicker than other parts of the body and this thicker skin does not absorb moisture easily. Skin on the feet can become dry and in severe cases cracked. Effective treatment is simple. Using a specific foot moisturiser such as CCS regularly can help deal with hard, dry skin and help prevent further problems developing. CCS creams have been used and recommended by Chiropodists for many years and are now available through pharmacies.

CCS Heel Balm

CCS Heel Balm is clinically proven to effectively control the most severe cases of rough, dry skin and cracked heels. It contains 25% Urea which breaks down hard and thickened skin, helping to repair cracks and bring relief. It leaves feet feeling soft and skin supple. Used twice daily you can expect to see a visible improvement in the appearance of cracked heels within 3 days.

- Fast Acting – It works in 7 days to repair severe rough, dry skin and cracked heels
- Decreases dryness in heels
- Promotes smooth, soft skin

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Pharmacy Update

development of smaller, more flexible devices that can be worn much more discreetly. In the matrix type of patch the reservoir and adhesive functions are contained within a single layer. Although this reduces patch size, it introduces difficulties at the formulation and design stage.

In the Noven DOT matrix patch the drug is present as a semi-solid suspension in one type of adhesive (in which it has high solubility), which is distributed homogeneously in an immiscible second adhesive whose properties are unaffected. This has enabled manufacturers to create a much smaller patch.

Developments

The range of products available by transdermal delivery continues to increase. Recent additions include selegiline for depression (not yet marketed in the UK), rotigotine (for Parkinson's disease) and methyl phenidate (for attention deficit hyperactivity disorder). Nevertheless, the formidable physical barrier properties of skin dictate that conventional passive transdermal delivery relies on the physico-chemical properties of the drug and not necessarily the clinical appropriateness of the delivery route. If one considers the transdermal delivery of larger drug molecules (macromolecules) such as proteins, peptides and nucleic acids, it is clear that conventional transdermal patches will not suffice and the development of more radical methods is required.

This challenge of extending transdermal delivery to larger drug candidates has led to the development of a number of innovative strategies, variations of which are likely to appear in the pharmacy over the next 10 years. The approaches can be generally

divided into those that disrupt and those that bypass the essential skin barrier, the stratum corneum (SC).

Disrupting the skin barrier

- Electroporation is an electrically assisted method of enhancing transdermal delivery involving the application of short high-voltage (greater than 50 volts) pulses across the skin. It is believed that electrical stimulation creates transient aqueous pores in the skin, allowing improved drug access through the disrupted skin barrier.
- Iontophoresis is a related technique that uses low voltage electrical fields (less than 10 volts) to carry charged drug molecules across the SC.
- Sonophoresis is an alternative method used to make skin tissue more permeable through application of low frequency ultrasound, creating disruptions within the SC by cavitation.

Bypassing the skin barrier

- Intradermal injection remains the most common method, particularly for vaccines. While guaranteed to circumvent the SC barrier, the depth of needle penetration and therefore the precise localisation of the delivered drug are highly variable. Other significant disadvantages are pain at the site of administration, risk of phlebitis, haematoma and thrombosis, risk of infection, potential for needle-stick injuries and inappropriate re-use of needles.
- Hair follicles offer a target for drug and gene delivery to skin, but practical difficulties limit this option.
- Ballistic devices have been used to propel anaesthetics, proteins, peptides, vaccines and

nucleic acids through the SC into underlying tissue. The gun device uses a gas cylinder to fire the material in powder form, or coated on to dense carrier particles, into skin for localised delivery or subsequent systemic uptake into the peripheral circulation.

- Jet injection is a related acceleration technique in which a high velocity stream of liquid is fired at the skin surface from an air or spring driven jet injector.
- Carefully targeted and controlled lasers have been used to destroy areas of SC to enhance the percutaneous transport of molecules.
- The Viaderm® technology comprises an array of microelectrodes that conduct an alternating electrical current at radio frequency (RF) creating localised heating and subsequent cell ablation. Microscopic studies have shown that the skin channels produced reside in the outer layer of skin causing minimal skin trauma, bleeding and nerve sensation.
- Microneedle arrays comprise, as the term describes, an assembly of micron-scale needles that can penetrate the SC layer to produce microscopic channels that project into the underlying tissue layers. The application of microneedles onto skin therefore provides a direct route facilitating the delivery of a range of therapeutics. The length of the microneedles is restricted so they do not impinge on the nerve fibres and blood vessels in the underlying dermis, potentially giving an interface for drug delivery without pain or bleeding.

When compared with other new topical/transdermal delivery methods, microneedles have many potential benefits for patients, clinicians, pharmacists and the pharmaceutical industry including:

- direct delivery through the skin barrier
- ability to apply over a large surface area
- suitability for incorporation into conventional patch delivery systems for convenient use
- appropriateness for convenient patient self-administration with minimal training
- potential for use in vaccination of children or needle-phobic patients
- advantages in regulatory assessment because of close analogy with conventional needle and syringes.

A growing number of academic and commercial research groups are now manufacturing and testing microneedles for a range of applications.

Continuing Professional Development



Act

- Make a reference table listing all the patches available on the market (the article lists drugs routinely administered transdermally). Group them according to their therapeutic indication and ingredients (eg NRT, HRT), and list their brand names, duration of application, site of application etc.
- In general, what factors make transdermal delivery preferable to oral use of drugs? What conditions make patches less suitable (eg hot, humid climates)? Look at the PMRs of some of your patients taking the drugs prescribed in the reference table you have compiled. If you were carrying out an MUR, do you think a patch would be more appropriate for any patient currently taking an oral preparation? What should you do about it?

- Suggested reading – Chiarello K, Breaking the barrier. *Advances in transdermal technology, Pharmaceutical technology* 2004 (28) p46-56; Brown, MB, Martin, GP, Jones, SA, Akomeah, FK, Dermal and transdermal delivery systems: current and future prospects, *Drug Delivery* 2006, 13 (3) p175-87. The US National Institute of Biomedical Imaging and Engineering has a section on painless drug delivery

Information on the Viaderm system is on www.viaderm.com and an article "Myths about transdermal drug delivery" is on www.viaderm.com/articles.cfm?Article=143

Evaluate

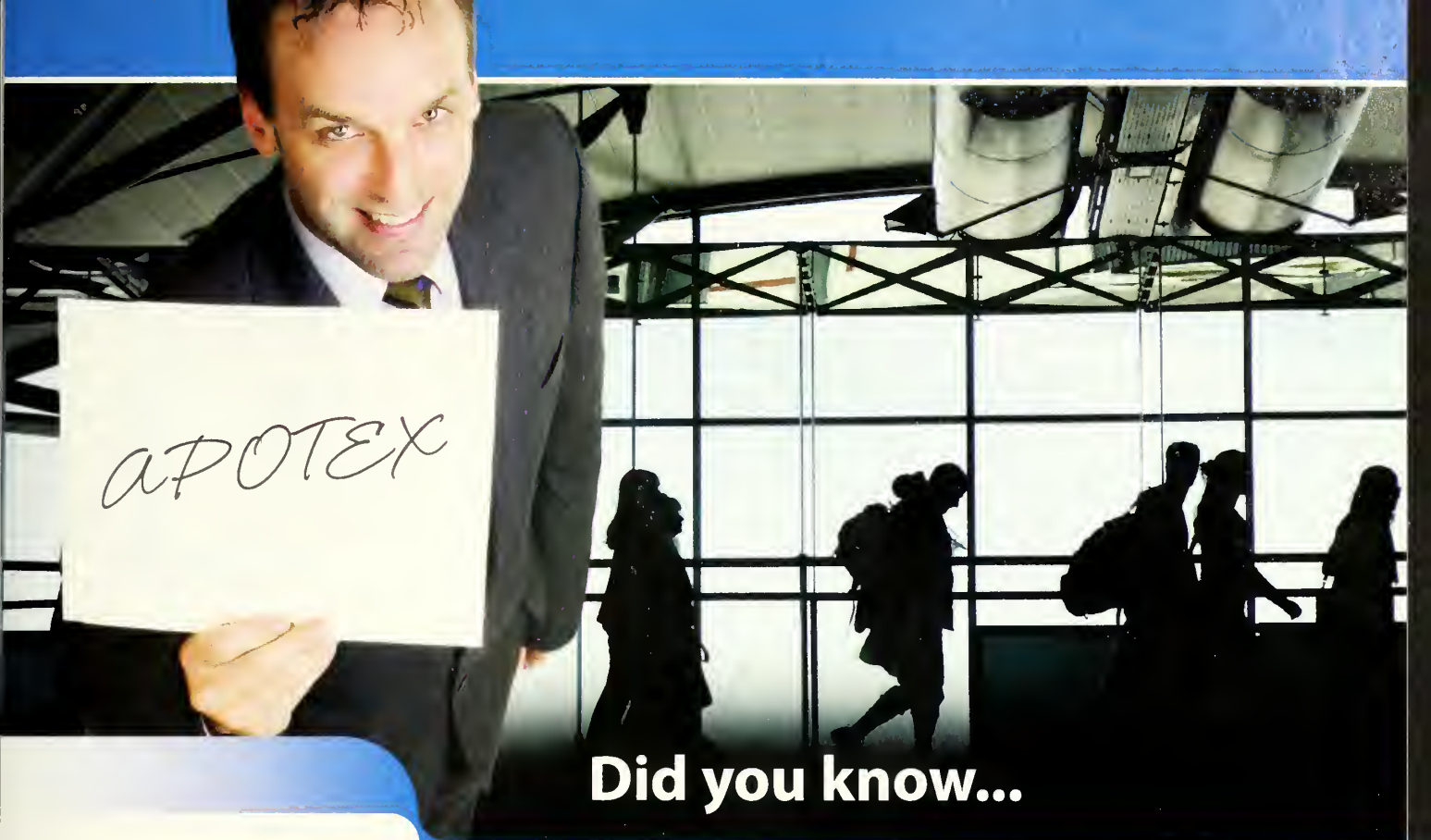
Are you now more familiar with the different types of transdermal delivery systems and can you give more appropriate advice on their use?

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www.dotpharmacy.com/newsbulletins



News bulletin



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Approach...

**Errol Brennan has made an appointment**

to see David Spencer, pharmacist at the Update Pharmacy, on a "sensitive issue".

"Have a seat, Mr Brennan," David says, on taking him in to the office. "What can I do for you?"

"You won't know me," replies Mr Brennan, "but my partner, John Long, used to get his prescriptions here. He suffered from depression. I don't know if you know, but John committed suicide a month ago."

"No, I didn't know. I'm very sorry to hear it," says David.

Mr Brennan continues: "I'm sorting out our affairs now and I need some information from you. John and I took out a mortgage together with a protection policy to cover it. I've applied to the insurance company to recover the cost of John's share of the mortgage, but they've asked for evidence of his medical history before they'll pay out. They want either his medical records or his medication history for the last three years."

"Have you asked his GP for the medical records?" "Yes, but I thought the practice manager was rather unhelpful. She said she wasn't sure she could let me have them. She was going on about data protection and confidentiality, and me not being the next of kin - John and I weren't in a civil partnership."

David replies: "To be honest, I'm not sure of all the legal ins and outs myself and I'll have to make some enquiries. I'll be in touch in a day or two."

When Mr Brennan has gone David checks John Long's medication history. It shows that as well as antidepressant medication John was taking anti-retroviral therapy for HIV infection.

Questions

1. What is the legal situation regarding David giving Mr Brennan details of John Long's medication in this situation?
2. What would be the best action for David to take?
3. Errol did not mention that John was taking anti-HIV medication as well as antidepressant therapy. Should David do anything about this? Answer...

This article can help in the following CPD competencies: G1d, G1g, G1h, G1i, C1f. See www.tinyurl.com/194zu

Both too much and too little sleep linked to disease and death

Mortality increases are associated with both too much and too little sleep, a new analysis of the Whitehall II study data among civil servants has revealed.

Researchers at the University of Warwick and UCL found they could identify effects on mortality and disease resulting from sleep patterns many years before, even when other factors such as age, alcohol consumption, smoking and so on were taken into account.

Results from the study were revealed at the British Sleep Society conference this week, and will be published shortly in the journal *Sleep*.

Analysis of the Whitehall II data showed those who cut their sleep from seven to five hours faced a 1.7-fold increase in mortality from all causes. Those who slept more than eight hours, however, were also at



increased risk of death, mostly from cardiovascular causes.

The findings suggest that consistently sleeping around seven hours each night is optimal for health.

<http://tinyurl.com/2dhzyb>

In brief**Benefits of flu vaccine 'exaggerated'**

A *Lancet Infectious Disease* review has concluded the benefits of flu vaccinations for the elderly have been greatly exaggerated. The authors found benefits seen in trials were due to selection bias and non-specific endpoints. While the evidence base for flu vaccination needed to be strengthened, immunisation programmes should continue, they said.

Lancet Infect Dis 2007; 7: 658-66

Patch approved for Alzheimer's

The EMA has approved rivastigmine patch treatment (Exelon, Novartis) for use in patients with Alzheimer's disease. Using the patch is said to improve compliance and reduce side effects.

www.novartis.com

Maraviroc approved for treatment

The European Commission has approved the CCR5 antagonist maraviroc (Celsentri, Pfizer) for the treatment of treatment-experienced patients with HIV. The effect of

the treatment is to prevent the virus from entering white blood vessels by blocking the CCR5 co-receptor, which is the virus's usual route of entry.

www.pfizer.com

SPC changes

Enbrel. Warnings on infection.

Lederfolin. Epilepsy warning.

Cervarix. Human papillomavirus vaccine, new product.

NiQuitin. Extensive changes including contraindications and advice in pregnancy.

Sprycel. New starting dose 100mg od.

Tritace. Changes to special warnings and to management section.

Adcal-D3. Calcium carbonate, colecalciferol, new product.

Agenerase. Contraindication for oral midazolam.

Apidra. Insulin glulisine, new product.

Arthrotec. Extensive changes.

Exubera. Further warning about patients with reduced pulmonary function.

<http://emc.medicines.org.uk>

Sign up for free weekly email alerts on SPC changes at www.dotpharmacy.com/newsbulletins

A Practical Approach... this week's answers

as Errol may be unaware that John was on anti-retroviral medication, it may be best for David to supply the information directly to the insurance company (but see three below).
3. It is likely that Errol was aware that John was taking anti-retroviral medication. But in case he was not, and as John is deceased and no longer protected by any confidentiality provisions, it would be in Errol's best interests for David to inform him.

1. Data Protection Act restrictions on disclosing information do not apply after a patient's death. The Health Records Act 1990 provides that a personal representative of a deceased person or anyone who has a claim arising out of a patient's death, can claim access to "sensitive personal data" maintained in health records.
2. From a strictly legal viewpoint there appears to be no restriction on disclosure of John's medication history to Errol. However,

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9 & 10th October (PMA event)

Birmingham - Chateaux Impney, Droitwich

11th October

Manchester - Hilton Manchester Airport

17th October

Bristol - Hilton Bristol

24th October

Belfast - Hilton Belfast

All events run 3 - 9pm. *Please phone for roadshow times for the Birmingham event.

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45
YEARS OF
IBUPROFEN

Ibuprofen sapphire celebration



The 45th anniversary of ibuprofen has been marked by a gathering of healthcare experts in London. Chaired by Professor Kim Rainsford, the specialists discussed the past, present and future uses of the medicine.

Outcomes and clinical summaries will be published in the Journal of the Royal Society of Medicine later in the year.

The Ibuprofen Experts' Forum was

sponsored by Reckitt Benckiser, makers of Nurofen.

Pictured, from the left, are: Professor Rainsford, Professor Nicholas Moore, Professor Ingvar Bjarnason and Dr Henry Purcell.

Product info:

Reckitt Benckiser Healthcare
Tel: 0500 455 456

DryNites launches sleep shorts

DryNites absorbent sleep shorts are the latest product to join Kimberly-Clark's bedwetting range.

Available in two sizes – age four to seven and eight to 12 years – the shorts are designed to look like regular sleepwear while keeping the child dry, comfortable and confident.

Supporting the launch, £2 million is being spent on marketing activity spanning TV, online and trade press advertising, and PR activity. Point

of sale materials and trial packs are available.

An estimated 20 per cent of four-year-olds and 10 per cent of eight-year-olds wet the bed at least twice a week, says Kimberly-Clark.

Price: £4.95/seven

Product info:

Kimberly-Clark
Tel: 01732 594000



Nivea begins beauty campaign

Skincare brand Nivea is being supported with a £4 million marketing campaign.

The 'What does beauty mean to you?' campaign spans TV, outdoor, press, radio, online, mobile phone and PR activity.

Consumers are being encouraged to share their views on beauty via the

website or text messages. The global campaign will be seen in 64 countries.

Product info:

Beiersdorf
Tel: 0121 329 8800
www.nivea.co.uk/beautyis

Hurting, teething, overheating Now put to bed with Calpol Night

Now there's a pain and fever medicine that's specifically designed for night-time from 3 months of age. Calpol Night helps relieve symptoms of pain and fever at night and so aids restful sleep. Another comforting medicine from the makers of Calpol.

Made for night time, made for children, made by the makers of Calpol

Calpol Night Presentation: 120mg Paracetamol and 12.5mg Diphenhydramine per 5ml. **Indication:** Treatment of mild to moderate pain and fever, symptoms of

cold and flu, and also helps restful sleep. **Legal category:** P. Further information is available from: Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS.



Paracetamol, Diphenhydramine

Make a splash with Radian B

Two new muscle soak mineral bath products have been launched by Radian B. The patchouli and sweet orange variants join the original lemon balm and chamomile product.

Price:
£2.99/500ml
Pip code: patchouli
330-5331; sweet
orange 330-5323
Product info:
Ransom Consumer
Healthcare
Tel: 01274 526360



All are said to relieve tired and tense muscles. Alongside, new look coloured packaging has been introduced.

Sustenance for skin

Flexitol Naturals Skin Nourishing Oil has been launched by M&A Pharmachem. It can be used for daily moisturisation and to treat skin conditions including scarring, stretch marks, uneven tone, dryness, sun exposure and problems associated with ageing.

The product's ingredients include rose hip, lavender, calendula, evening primrose, coconut, avocado, olive, arnica, hypericum and helichrysum oils and vitamin E. It should be applied twice daily and can be added to bath water.

Price: £7.95/60ml
Pip code: 329-6670
Product info:
M&A Pharmachem
Tel: 01942 816184



Products in brief

Quick as a flash

The new 300x Compact Flash card made by Silicon Power is available exclusively in the UK through Jeff Scowen. In 2, 4 and 8GB capacities, the cards are said to be ideal for

rapid shooting in cameras using Compact Flash. The wholesaler is celebrating 30 years in business with special prices on all Silicon Power products. Jeff Scowen Photographic Wholesalers, tel: 01275 872 255

Products in brief

Pop up and drink

A disposable baby feeding bottle has been launched by Bibi. The single-use, collapsible bottle is supplied in a yoghurt-pot sized carton and unfolds to give a 250ml

capacity. It requires no pre-cleaning, is free from bisphenol A and can be recycled after use. For more information:

Price: £3.99/four
Bibi UK tel: 0207 871 2832



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www.dotpharmacy.com/stoptheswitch



T-Zone calls a cab



Skincare brand T-Zone is being supported by TV, online and sampling activity. The 20-second 'Spots can't handle the T-Zone' TV ad targets teenagers and their parents. A boy is seen waking up to find a spot on the bed and more on the way to the bathroom. He picks up his T-Zone and the spots are seen fleeing in a taxi.

The TV campaign is reinforced

online with activity on the social networking site Bebo. Consumers also have the chance to apply for a free product sample.

Product info:

EC De Witt
Tel: 01928 756800
www.t-zone.co.uk

Express delivery from Nurofen



Nurofen Express ibuprofen tablets are newly available from Reckitt Benckiser.

Said to start working twice as fast as standard Nurofen, the Express variants are presented as liquid ibuprofen capsules and ibuprofen lysine caplets. Double strength formats are P-licensed.

Supporting the launch, Reckitt

Benckiser has invested £10 million in TV advertising, predicted to reach 90 per cent of pharmacy customers.

Prices and Pip codes:

see C+D Monthly Pricelist

Product info:

Reckitt Benckiser
Tel: 01482 326151

Flower power for little petals

Weleda has added Calendula Shampoo & Body Wash to its range of products for babies.

Made with organic golden calendula petals, it is also suitable for adults with sensitive skin. Calendula has natural antibacterial and anti-inflammatory properties. It also contains sweet almond oil to prevent skin from drying out and organic sesame oil to protect against moisture loss.

The product has been dermatologically tested on infant skin prone to eczema and dermatitis to ensure its suitability for use on sensitive skin. It is also non-irritating to eyes, says Weleda.



Price: £5.95

Pip code: 331-1214

Product info:

Weleda
Tel: 0845 2002836

Balmy launch from Blistex

The Blistex lipcare range will unveil two new products in October. Soothing Splash is a medicated liquid lip moisturiser featuring a metal roller tip and offering SPF15. It combines menthol, aloe vera and jojoba and gives a cooling sensation on application with a spearmint flavour.

Conditioning Lip Balm is positioned as a daily product to

maintain soft lips. It contains cocoa butter, soy protein, vitamin E and aloe vera with a caramel and vanilla flavour.

Price: Soothing Splash £2.99, 328-4643; Lip Balm £1.49

Product info:

Dendron
Tel: 01923 229251
www.blistex.co.uk



Products advertised on TV next week

Bassett's Soft & Chewy Omega 3: GMTV, Sat

Deep Freeze Patch: All areas, except GMTV, C4, five

Haliborange Omega 3: GMTV, Sat.

Listerine Total Care: All areas

Nurofen Express: All areas

Seven Seas' Joint Health Brands Cod Liver Oil & Joint Care: All areas

Zantac: All areas except GMTV, C4, five

PharmaSite for next week: Zantac – windows, Zantac – in-store, Zantac – dispensary

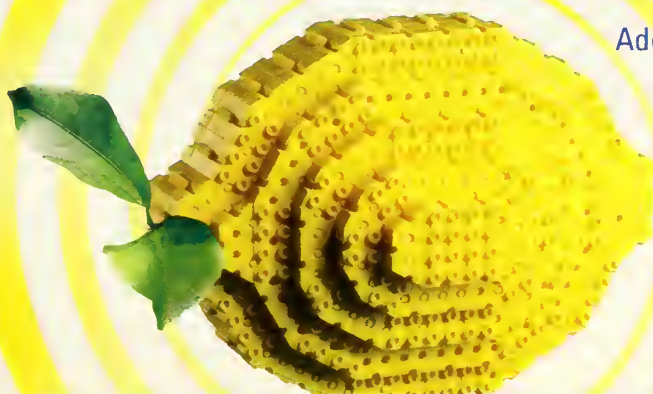
Pharmacy channel: Solpadeine Plus, Imigran Recovery, Clearly Herbal Natural Baby Wipes, Pain Management, Women's Lifestyle, Eyecare, Give it Up, BabyZone

Further information is available on request from: ProStrakan Limited, Galabank Business Park, Galashiels TD1 1QH. Legal Category: P. Adcal-D₃ and Adcal-D₃ Lemon are registered trademarks of ProStrakan Ltd. Date of preparation: August 2007. M002/005a

Please consult Summary of Product Characteristics before prescribing Adcal D₃ Lemon particularly in relation to side effects, precautions and contraindications. Adcal D₃ and Adcal D₃ Lemon are used as an adjunct to specific therapy for osteoporosis and in situations requiring therapeutic supplementation of malnutrition.

Adverse events should be reported to ProStrakan Ltd on 01896 664000. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

It's Adcal-D₃, but with a twist



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Give your patients a choice of flavours when you dispense Adcal D₃!

Adcal-D₃ LEMON

calcium carbonate and colecalciferol
ENHANCING PATIENT CHOICE

It was the most controversial change to the supply chain in over a decade. A year on, James Clegg reports on the Pfizer direct to pharmacy scheme

The Pfizer deal: one year on

1

NAME: NICK KAYE, KAYES CHEMISTS, NEWQUAY **MAIN WHOLESALER:** UNICHEM

“Like every independent, I’m hacked off about the change in discount”

“I already had an account with UniChem so I didn’t notice any disruption. If anything, I think service has improved because they’ve had to invest more on deliveries for rural routes.

Like every independent, I’m hacked off about the change in discount. Far from securing the supply chain, that could push people into buying parallel imports instead. I’m also terrified that other manufacturers will follow suit and switch to direct to pharmacy. I still think competition is the best way to ensure good service and prices.

But I think people are blurring the line between UniChem and Pfizer. People seem to think UniChem is responsible for the change rather than it being a case of picking it up and running with it.

If Pfizer had chosen someone like DHL or Parcellforce as logistics agents we would have been in real trouble and probably ended up with once-daily drops. I think it’s good that they chose a wholesaler with experience of the industry.”



3

NAME: BRIAN DEAL, ASHWELL PHARMACY, HERTFORDSHIRE **MAIN WHOLESALER:** AAH PHARMACEUTICAL

“On the money side the profitability has gone down on those [Pfizer] products. It’s also meant different cut off times and in a busy dispensary that can get confusing. Obviously you remember some products are Pfizer automatically, like Lipitor or Viagra, but others you don’t. You assume they’ll come in with the next delivery from the normal wholesaler but they don’t and the locum has to make another order. The paperwork problem is incredible. Initially I didn’t see the full impact it would have.

The people from UniChem are very nice but the whole thing is causing more problems. It means you’ve got four lots of delivery a day and four cut-off times, am and pm. And that’s aggro frankly.

Obviously I’m worried as a businessman, but what I’m really worried about is that the problems might affect our customers. It hasn’t yet, we’re keeping it at bay.”

2

NAME: UMA PATEL, DUNNS CHEMISTS, MIDDLESEX **MAIN WHOLESALER:** UNICHEM

“In the day to day running of the dispensary there has been no change because we were already with UniChem. The normal business of giving out prescriptions to the customers hasn’t changed. We did not have to set up another account.

Obviously there has been an increase in paperwork. You need to have separate files for each one (manufacturer).

What does bother me is that the discounts have changed because that eats into our bottom line and 3 per cent off your bottom line is a lot. It’s not good from a financial point of view.

I think it was a bad idea. It is fragmenting an industry that wasn’t fragmented.”

“The paperwork problem is incredible. Initially I didn’t see the full impact it would have”



Q What’s kind to your customers’ hair but tough on itchy flaky scalps?

A.

Oilatum Scalp Treatment

Contains the anti-fungal ingredient ciclopirox olamine

Always read the label



4 **NAME: JONATHAN LLOYD, THE HEALTH CENTRE PHARMACY, COUNTY ANTRIM**
MAIN WHOLESALER: SANGERS

"We've always had an account with Sangers so I can't say there's been a huge difference in terms of service. We've had a few problems. We still have to send a separate order [to UniChem]. It is becoming quite complex ordering all these products separately. Cut off times are a wee bit earlier. There's been a couple of times where it's taken longer to get stuff because we're having to communicate with Sangers and UniChem.

Obviously it's affected us in terms of money because we used to have a discount round 11 per cent and now we only get 8.5 per cent.

All the other pharma companies are now watching Pfizer to see what they do. Pfizer itself wasn't such a major problem, but we don't know if all the other companies are cart-wheeling into the same thing. It's the uncertainty."

"All the other companies are now watching Pfizer to see what they do"



"What I'm really worried about is that problems might affect our customers"

September 28, 2006, the day that shook the pharmacy world. Pfizer announced that all its prescription drugs would soon only be available through a single wholesaler, UniChem.

The 'direct to pharmacy deal' came in reaction to the discovery of counterfeit Lipitor in the NHS supply chain. Pfizer claimed that only by taking direct control of medicine supply could it protect big brands from fraudsters. However, critics argued the decision had more to do with reducing parallel imports to the USA.

The move was met with widespread condemnation from contractors, professional bodies and other wholesalers.

But despite the prophecies of doom wheeled out one year ago and again in March, when DTP came into effect, the chain of supply within the pharmaceutical industry has not collapsed.

A change for the better?

"We were very vocal about opposing it," says Raj Nutan, pharmacy business manager at the NPA. "But we recognise that things change and in the future the historical model of supply might not be sustainable. We just don't think change should happen in isolation."

PSNC was another industry body up in arms upon hearing the Pfizer deal. Twelve months on and the contract negotiator reflects that DTP has

had its successes. Lindsay McClure, head of information services at PSNC, says: "Overall, Pfizer's new arrangements have worked." She clarifies this though by adding that this is "in part because the pharmacists have found solutions to the problems that have arisen".

Though the deal has not delivered the doomsday scenario many predicted, many

A year of change

September 06 •

Deal announced between Pfizer and UniChem

December 06 • AstraZeneca announces that it will adopt a new supply chain system following "an independent strategic review"

• David Taylor MP tables an early day motion calling for the Pfizer deal to be investigated

March 07 • DTP distribution of Pfizer products by UniChem comes into effect, despite efforts by the BAPW to get a high court injunction against it

- There are immediate complaints from some contractors, in particular relating to cut off times

April 07 • AstraZeneca announces UniChem and AAH as distributors in new supply deal

- UniChem leaves BAPW
- OFT investigation launched

July 07 • Napp and sanofi-aventis both announce deals that limit supply to three wholesalers – UniChem, AAH and Phoenix

Q. What's kind to your customers' hair but extra tough on itchy flaky scalps?

A.

Oilatum Scalp Intensive

Contains the anti-fungal ingredient ciclopirox olamine, with added salicylic acid to aid the removal of flakes and menthol to soothe sore, red scalps



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LOCKETS

*In time for the
cough and cold
season which
starts in October*



- Responding to consumer research LOCKETS now have a BIGGER soothing centre to help soothe your throat even more
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- LOCKETS Honey & Lemon is the best selling single variant in the medicated confectionery market*
- Supported by £1M** media support including NEW TV advertising campaign

* IRI Infoscan 2007
** MMS equivalent

NEW
Design on
Extra Strong



Also available
in Extra Strong
and Blackcurrant

DAVID WATSON, PFIZER'S DIRECTOR OF TRADE, ON:

DTP: "It's hard to believe it was a year ago that this was announced and six months since it started. Some of the over the top complaints from back then haven't come true and we feel it's working very well."

"We did this to ensure patient safety. You still hear incidents of drug counterfeits in the UK and I think it's increasingly seen as an easy place for fake medicines. So it was important for us to take charge of the chain of supply."

Bureaucracy: "I don't accept that the amount of paperwork has increased significantly because of the change; it's a fairly simple system."

Quotas: "We have not introduced quotas but very occasionally manufacturing problems have meant we couldn't supply full orders. That's a very small number of cases. But I think some pharmacy organisations are being wound up by wholesalers."

Feedback: "We are listening to genuine concerns. We have set up a customer contact centre and in some cases have been able to change cut off times after complaints."

"Our main message is that DTP works, availability is high and that we're trying to develop a closer relationship with pharmacists."

Customer contact centre: 0845 608 8866



problems remain, the NPA and PSNC say. Smaller pharmacy owners face a 3 per cent cut in discount on Pfizer drugs compared to a year ago. Changes to cut off times have angered some contractors while others bemoan an increase in paperwork for a profession already bogged down with red tape from the 2005 pharmacy contract in England and Wales.

"Those problems have been feeding back to Pfizer," says Mr Nutan. "We appreciate that with every new system you need time to bed in but when it comes to the patients we need safe, efficient and timely delivery of medicine."

Jeremy Main, sales and marketing director at UniChem, concedes there were "a few minor teething problems", but says this was largely because "some pharmacists didn't engage in the registration process until very late". Ultimately, though, he argues that "the vast majority of customer feedback we have had on UniChem's service has been positive, even from some pharmacists we were expecting to have real challenges with".

Scotland and Northern Ireland

There are further complications north of the border as Scottish pharmacists are not guaranteed purchase profits. Alex McKinnon, of Community Pharmacy Scotland, says: "We have different discount recovery rates so pharmacists here are still being disadvantaged. The recovery rate is 9.117 per cent and the discount is only 8.5 per cent so we're actually losing out on Pfizer goods." At the moment the Scottish Executive is working on a pricing inquiry. Pfizer also acknowledges that it did not fully understand the nature of Scottish contract funding when it launched DTP (C+D, September 8, p34).

In Northern Ireland UniChem has subcontracted

distribution of Pfizer products to local wholesaler Sangers, because it has no depot there. The separation between NI and UniChem's main stock of Pfizer goods on the mainland has caused concern about the lack of a second-line supplier. Raymond Anderson, president of PSNI, says: "If anything happened with Sangers, or their depot, there's a long strip of water between us and the rest of the UK so there is that worry that we wouldn't be able to supply the products."

Does DTP break the rules?

Whether the fears of those still concerned about the Pfizer deal will be put to rest by the

Office of Fair Trading inquiry remains to be seen. The DTP deal was a trigger for the competition watchdog's inquiry into how medicines are distributed in the UK. The OFT announced it is scheduled to publish its findings at the end of the year. The jury is still out on what the result will be. Possible outcomes include a recommendation to the government, referral to the Competition Commission or a clean bill of health.

Mr Main says that he "didn't think it was productive to speculate on what the results of the study would be" but that UniChem was "happy to continue discussions with the OFT whenever necessary".

However, the dawn of DTP has opened the lid on other manufacturer supply deals. With AstraZeneca, Napp Pharmaceuticals and sanofi-aventis unveiling their own drugs distribution changes, sceptics fear the OFT report may already be too late.

Mr Nutan says: "Pricing is coming under the spotlight and people are starting to pay more attention but by the time the report is published more companies will have adopted the direct to pharmacy model."

“If anything happened with Sangers... there's a long strip of water between us and the rest of the UK”



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ADDING VALUE

From: **Hawkeye on the web**
 Date: **Sat 29.09.07**
 Subject: **Interesting view**



the pressure
 building up within her
 grew **until it looked**
 like she might blow a
gasket

I saw an amazing scene in a hospital pharmacy the other day. A newly qualified pharmacist was asking her worldly-wise colleague how she could be expected to practice clinical pharmacy while other healthcare professionals treated her like a vending machine.

"I'm not going to let it stop me from doing what I know we can do," she said with some resolve, and went on to list pharmacists' role as part of a team with doctors and nurses providing expertise in areas such as pharmacokinetics, drug therapies and information counselling.

But the demanding dispensing requests persisted, and the pressure building up within her grew until it looked like she might blow a gasket. At this point, rather than tearing a strip off someone, she surprised me by bursting into a cleverly-worded rendition of Aretha Franklin's Respect, complete with dance routine. Didn't see that one coming.

OK, so you probably guessed it wasn't actually a real pharmacy. And, no, they weren't real pharmacy staff either. Hands up, they were in fact American actors and the scene was a video clip on YouTube. See it for yourself at tinyurl.com/2ynbst.

For those of you with more important real life stuff to do, you might not be aware that online teenager magnet YouTube is a repository of short videos posted by the internet-going public. The

breadth and variety of content on the site means not finding something entertaining or interesting is pretty much impossible.

If you search under pharmacy you might come across some candid pictures of the class of 2007 at the School of Pharmacy at Queen's University, Belfast (tinyurl.com/2mv5s6). Or even a medicine-related take on Billy Joel's Piano Man (tinyurl.com/3ab38r) from Pharmacy Man.

You'll also find a Lloydspharmacy ad about its repeat dispensing service (tinyurl.com/39krw3) apparently dating back to 1992 and a real blast from the past in the shape of a Boots Christmas video from the 1980s (tinyurl.com/3x6x6f).

But it's not all novelty. The number of people visiting YouTube means it has become an A/V message board for more serious matters. The US Food and Drug Administration has tried to attract attention to issues that might affect 'YouTubers' by posting videos such as 'Helping Patients Avoid Counterfeit Drugs over the Internet' and 'Warning on Colistimethate for Inhalation' (tinyurl.com/2ce7k7).

While it's a laudable effort, it doesn't have quite the same appeal as a gorilla playing drums to a Phil Collins classic, does it?

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